**Regulation 123 (5)**

**Schedule XXI**

**APPLICATION FOR LICENCE TO TRANSPORT THERAPEUTIC GOODS FOR DISTRIBUTION**

I /We, ………………………………………………of …………………………………here by apply for a licence to transport therapeutic goods

**Part 1. Details of the applicant**:
1.1 (a) Name of applicant:………………………………
 (b) Designation :…………………………………….
 (c) National Identity Card No………………………
 (d) Mailing address: ………………………………..

 (e) E-mail address …………………………………
 (f) Telephone No. …………………………………

 **Part 2. Details of business**

2.1 Sale of therapeutic goods by retail

 Licence no. for sale of therapeutic goods by retail issued by the Authority:………………………

2.2 Sale of therapeutic goods by wholesale

 Licence no. for sale of therapeutic goods by wholesale issued by the Authority:………………………

 **Part 3. Therapeutic goods intended to be transported.**

 Biological Products

 Vaccines

 Medical devices

 Medicines

**Part 4. Details of vehicles to be used in transport**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of vehicles** | **Car** | **Van** | **Freezer truck** |
| **Vehicle registration number** |  |  |  |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

(Add more lines if necessary)

**Declaration**

I, the undersigned, certify that all information in this application for licence to transport therapeutic goods for distribution is true and correct.

I understand that I have the responsibility to inform the Authority with immediate effect of any change to the information provided in this application.

Signature:………………………………………………….

Applicant:……………………………….

Name :……………………………………………………..
Designation:………………………………………………….

Date:…………………………